

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 091926534

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		2		1		
8		2		1		
9		2		1		
10	1		1			
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49						
50						
TOTAL IND.	1		2			
TOTAL DEP.		2		1		
TOTAL CLAIMS	1	2	2	1		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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